APPLICATION FOR SOLICITOR AND CANVASSER PERMIT

NAME OF APP	LICANI								
AGE H	EIGHT	WEIGHT_	SEX	RACE	BUILD				
COLOR OF HA	COLOR OF HAIR COLOR OF EYES COMPLEXION								
PERMANENT	HOME ADD	RESS							
LOCAL ADDRESS									
GIVE A BRIEF DESCRIPTION OF THE NATURE OF THE BUSINESS AND THE GOODS OR SERVICES TO BE SOLD:									
IF EMPLOYED, OR ACTING AS AGENT, GIVE THE NAME AND ADDRESS OF THE EMPLOYER, OR PRINCIPAL, TOGETHER WITH CREDENTIALS ESTABLISHING THE EXACT RELATIONSHIP:									
LENGTH OF TIME FOR WHICH THE PERMIT IS DESIRED:									
		RE SUCH GOOD IE SALE THERE) TO BE SOLD, OR R PRODUCED:				
NAME THE PLACE WHERE SUCH GOODS OR PRODUCTS ARE LOCATED AT THE TIME SAID APPLICATION IS FILED, AND THE PROPOSED METHOD OF DELIVERY:									
HAVE YOU EVER BEEN CONVICTED OF ANY CRIME, MISDEMEANOR, OR VIOLATED ANY MUNICIPAL ORDINANCE? IF SO, GIVE THE NATURE OF THE OFFENSE AND THE PUNISHMENT OR PENALTY ASSESSED THEREFORE:									
DO YOU ACCEPT DOWN PAYMENTS?									
DAYS IMMEDI PICTURES SH	ATELY PRI ALL BE 2")	OR TO THE DA	TE OF THE FILI THE HEAD ANI	NG OF THE AP	VITHIN (60) SIXTY PLICATION, WHICH OF THE APPLICANT				
FINGERPRINT	S OF APPL	ICANT:							
RIGHT HAND: THUMB	INDEX	MIDDLE	RING	LITTLE					

LEFT HAND: THUMB	INDEX	MIDDLE	RING	LITTLE	_				
I, THE APPLICANT DO SOLEMNLY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.									
SIGNATURE OF APPLICANTDATE									